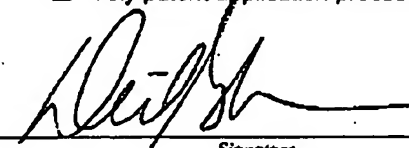
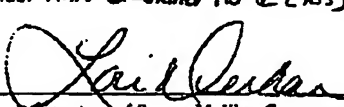


AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 6006-107	
Applicant(s): Boyle, et al.					
Application No. 10/672,695	Filing Date 9/26/03	Examiner Jackie Ho	Customer No. 29,335	Group Art Unit 3731	Confirmation No. 9286
Invention: IMPLANTABLE GRAFT AND METHODS OF MAKING SAME					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	35	32	3 x	\$18.00	\$54.00
INDEP. CLAIMS	3	3	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$54.00
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 18-2000 in the amount of \$54.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: 9/30/04		
David G. Rosenbaum (Reg. No. 31,872) ROSENBAUM & ASSOCIATES, P.C. 650 Dundee Road Suite #380 Northbrook, IL 60062 Telephone: (847) 770-6000 Facsimile: (847) 770-6006			<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"><i>Certificate of Facsimile Transmission</i></p> <p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. ATTN: Examiner Ho & (703) 872-9306.</p> <p style="text-align: center;"> _____ Signature of Person Mailing Correspondence</p> <p style="text-align: center;">11/15/2004 STHOMAS 00000003 18:00 10672695 Lori Dunham</p> <p style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</p> </div>		
cc:					